

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

160

Primary Registration District No.

3029

Registrar's No.

49

FILED MAR 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 132 LINCOLN		d. STREET ADDRESS (If outside, give location) 132 LINCOLN	
3. NAME OF DECEASED (Type or print) ADAM WHITENER		4. DATE OF DEATH MARCH 19 1963	
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LABORER	
11a. FATHER'S NAME UNKNOWN		11b. MOTHER'S MAIDEN NAME UNKNOWN	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. SOCIAL SECURITY NO. ---	
14. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) my condition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) no primary infection DUE TO (c) arteriosclerosis - malnutrition		15. INTERVAL BETWEEN ONSET AND DEATH 3 days -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis - malnutrition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- a.m. --- p.m. Month, Day, Year ---	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CRYSTAL CITY, MO.	
21. I attended the deceased from March 16 - 1963 , to March 19 - 1963 and last saw her alive on March 18 - 1963 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur B. Jurek, D.O.		22b. ADDRESS 303 W. MAIN - Festus	
22c. DATE SIGNED 3.21.63		22d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-24-63	23c. NAME OF CEMETERY OR CREMATORY MT. ZION	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-22-63	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed, Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.